

APPENDIX A

ANATOMIC PATHOLOGY USER MANUAL

NOTES FOR PATCH LR*5.2*72



Preface

The Patch LR*5.2*72 enhancements allow a facility to operate Anatomic Pathology and Blood Bank modules in a multidivisional mode. All data is resident in a single primary Laboratory database, but is now identifiable by division. For those sites which are not multidivisional, but wish to have multiple accession areas in Anatomic Pathology, the changes to accommodate multidivisional functionality will also provide this functionality. A few additional changes unrelated to multidivisional functionality have also been included.

This appendix includes **only portions** of the Release Notes and Installation Guide. For additional details, including post-installation instructions for the Laboratory Information Manager regarding necessary file changes which apply to all types of facilities using the Anatomic Pathology software, consult the Laboratory LR*5.2*72 Patch Release Notes and Installation Guide.



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Overview of Multidivisional Functionality

In order to accommodate multidivisional functionality, it is necessary to clearly identify the primary site as defined by VA FileMan, the associated divisions for which data is being entered and accessed as defined in the INSTITUTION file (#4) and the associated divisions to which individual users may be assigned as defined by the NEW PERSON file (#200), DIVISION field (#16). Based on the data dictionaries, the primary site is assigned a numeric code (3 digits) and the associated divisions are defined based on suffixes attached to that numeric code.

To minimize confusion, the term institution is used in conjunction with the word primary to indicate the parent facility at which the software and the database reside, i.e. the one with the straight numeric in INSTITUTION file (#4). The other facilities are referred to as divisions and will have a suffix appended to the numeric portion for their entry in the INSTITUTION file (#4).

For purposes of reports and other items with medicolegal implications, the name of the primary institution will be utilized; however, reference to the specific division will be included whenever possible and appropriate. For the pathology reports and the microscopic slide labels, the name of the primary institution will be used and will not reflect the division.

Whenever possible, the accession area or division to which the user is currently assigned is displayed to minimize confusion for those users who may be assigned to more than one division. For Anatomic Pathology, this functionality is utilized in conjunction with a new variable LRDICS which is called by many routines.

Because searches of data in LAB DATA file (#63) are done by accession area, and access to the accession area is limited by the DUZ(2), it will be necessary for the pathologists to be assigned to all of the divisions in order for them to have access to search all of the AP data; however this will **not** be necessary for the clinicians since the clinicians menu options allow the clinicians to access Anatomic Pathology reports for a patient, regardless of the division of the accession area for the specimen.



Anatomic Pathology Data Dictionary and Functionality Changes

1. The name and the input transform for LAB DATA file (#63), AUTOPSY ACC # field (#14) were **changed** from a numeric field to a free text field (5-15 characters) with a specific format determined by the input transform. The AUTOPSY ACC # field (#14) now includes the abbreviation for the accession area, concatenated with the year of the accession, concatenated with the accession number. This accommodates multidivisional functionality.
2. The name and the input transform in LAB DATA file (#63), EM subfile (#63.02), EM ACC # field (#.06) were **changed** from a numeric field to a free text field (5-15 characters) with a specific format determined by the input transform. The EM subfile (#63.02), EM ACC # field (#.06) now includes the abbreviation for the accession area, concatenated with the year of the accession, concatenated with the accession number. This accommodates both multiple accession areas within the "EM" subscript in a single division and multidivisional functionality.
3. The name and the input transform in LAB DATA file (#63), SURGICAL PATHOLOGY subfile (#63.08), SURGICAL PATH ACC # field (#.06) were **changed** from a numeric field to a free text field (5-15 characters) with a specific format determined by the input transform. The field now includes the abbreviation for the accession area concatenated with the year of the accession concatenated with the accession number. This accommodates both multiple accession areas within the "SP" subscript in a single division and multidivisional functionality.
4. The name and the input transform in LAB DATA file (#63), CYTOPATHOLOGY subfile (#63.09), CYTOPATH ACC # field (#.06) were **changed** from a numeric field to a free text field (5-15 characters) with a specific format determined by the input transform. The CYTOPATHOLOGY subfile (#63.09), CYTOPATH ACC # field (#.06) now includes the abbreviation for the accession area, concatenated with the year of the accession, concatenated with the accession number. This accommodates both multiple accession areas within the "CY" subscript in a single division and multidivisional functionality.
5. A **new** field was added to ACCESSION file (#68). The **new** DIV field (#26) is a subfield of the ACCESSION NUMBER field (#1), which is a subfield of the DATE field (#2). The **new** DIV field (#26) is a pointer to the INSTITUTION file (#4) which captures the division of the log-on person based on the DUZ(2). The data is then subsequently stored in the ACCESSION file (#68), in TEST field (#11), WKLD

CODE subfield (#6), INSTITUTION subfield (#3) which has an associated “AC” cross reference.

6. The input transform was changed for LAB DATA file (#63), AUTOPSY RELEASE DATE/TIME field (#14.7) to prevent entries of a previous date/time and a future date/time.

7. The input transform was changed for EM subfile (#63.02), REPORT RELEASE DATE/TIME field (#.11) to prevent entries of a previous date/time, and a future date/time.

8. The input transform was changed for SURGICAL PATHOLOGY subfile (#63.08), REPORT RELEASE DATE/TIME field (#.11) to prevent entries of a previous date/time, and a future date/time.

9. The input transform was changed for CYTOPATHOLOGY subfile (#63.09), REPORT RELEASE DATE/TIME field (#.11) to prevent entries of a previous date/time, and a future date/time.

10. A **new** field was added to the ACCESSION file (#68). The **new** ASSOCIATED DIVISION subfile field (#1) of the ASSOCIATED DIVISION field multiple (#.091) **must** be completed even if there is only a single division. In the majority of the Anatomic Pathology menu options, the division of the user is assessed. Only those accession areas assigned to the same division as the user can be accessed.

Anatomic Pathology Option, Functionality, and Other Changes

1. In the Log-in, anat path [LRAPLG] option of the [LRAPL] menu, the routine was **changed** to eliminate the error caused if the user attempted to log in an autopsy on a referral patient who did not have a date of death entered. (NOIS call MEM-0595-70138)

2. By **changing** the data dictionaries for the anatomic pathology accession numbers in LAB DATA file (#63), SURGICAL PATHOLOGY subfile (#63.08), SURGICAL PATH ACC # field (#.06), EM subfile (#63.02), EM ACC # field (#.06), CYTOPATHOLOGY subfile (#63.09), CYTOPATH ACC # field (#.06), and AUTOPSY ACC # field (#14), it is now possible to have multiple accession areas for a single "AP" subscript (regardless of whether the facility is multidivisional).

Example: You may wish to have a separate accession area for Bone Marrows which is associated with the LR subscript "SP", in addition to the Surgical Pathology accession area.

NOTE: The abbreviation for the accession area now controls the format of the accession number on the report, instead of it being based on the entry in the Edit pathology report parameters [LRAPHDR] option.

3. In the Verify/release reports, anat path [LRAPR] option of the Verify/Release Anat Path Menu [LRAPVR] submenu has been **changed**. The date/time of the release has been limited to current time only.

NOTE: The ability to enter a previous date/time has been removed for all of the anatomic pathology subscripts, in an effort to increase the validity of the data.

4. The FS/Gross/Micro DX/SNOMED coding [LRAPDGS] option of the Data Entry, Anat Path [LRAPD] submenu has been **changed**. The ability to use the LAB DESCRIPTIONS file (#62.5) for rapid entry of standardized text has been expanded to include the LAB DATA file (#63), SURGICAL PATHOLOGY DIAGNOSIS field (#8), SURGICAL PATH DIAGNOSIS subfield (#1.4).

NOTE: See pages 81 and 206 in the Laboratory V. 5.2 Anatomic Pathology User Manual for additional details.

5. For the Autopsy protocol [LRAPAUPT] option in the Clinician option, Anat path [LRAPMD] menu, a variable was **reset** to eliminate the error which occurred if the option was moved to another menu. (NOIS HOU-0196-715 and LIT-0895-72013)

6. For the Prisoner of War Veterans [LRAPDPT] option in the AFIP Registries....[LRAPAFIP] submenu of the Supervisor, anat path [LRAPSUPER] menu, the problem created by Patch LR*5.2*114 in which additional patients who should not have been included in the report were included is fixed. (NOIS MAD-0596-41915)

Instructions for Anatomic Pathology for Multidivisional Sites and Multiple AP Accession Areas*

NOTE: The asterisk (*) indicates changes that **must** be done before the software will run as multidivisional OR before the software will accommodate multiple AP accession areas (not necessarily immediately).

1. Now that the LRAPFIX conversion routine has been run, make the necessary changes in the ACCESSION file (#68) in the primary site to reflect the desired setups. Do **NOT** make these changes before the conversion routine is run or the accession numbers for the previous data will not be converted properly.

NOTE: At this point, the AREA field (#.01) can be edited; however, for those entries which already exist, the ABBREVIATION field (#.09) **cannot** be edited!

- a. If you have multiple AP accession areas in non-multidivisional site, you might have a setup such as:

NOTE: These are examples only; therefore, the facility IDs may **not** be correct.

AREA field (#.01): SURGICAL PATHOLOGY
 LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY
 ABBREVIATION field (#.09): SP
 ASSOCIATED DIVISION field(#.091), subfield (#.01): Long Beach (600)
 LAB DIVISION field (#.19): Anatomic Pathology

AREA field (#.01): BONE MARROW
 LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY
 ABBREVIATION field (#.09): BM
 ASSOCIATED DIVISION field(#.091), subfield (#.01): Long Beach (600)
 LAB DIVISION field (#.19): Anatomic Pathology
 AREA field (#.01): CYTOLOGY
 LR SUBSCRIPT field (#.02): CYTOLOGY
 ABBREVIATION field (#.09): CY
 ASSOCIATED DIVISION field (#.091), subfield (#.01): Long Beach (600)
 LAB DIVISION field (#.19): Anatomic Pathology

AREA field (#.01): AUTOPSY
 LR SUBSCRIPT field (#.02): AUTOPSY
 ABBREVIATION field (#.09): AU
 ASSOCIATED DIVISION field (#.091), subfield (#.01): Long Beach (600)
 LAB DIVISION field (#.19): Anatomic Pathology

b. If you are a multidivisional site, there are a variety of ways in which the file can be setup to produce the desired effect.

NOTE: Remember, at this point, the AREA field (#.01) can be edited; however, for entries that already exist in the ABBREVIATION field (#.09) **cannot** be edited!

NOTE: If you wish to use an alpha suffix to annotate the abbreviation, rather than an alpha prefix, this will not confuse the users during accessioning as the users will only be able to access those areas assigned to the appropriate division.

⚠ WARNING: If data is being merged from more than one site, such as is planned for those sites who are consolidating, it is absolutely **critical** that each of the anatomic pathology accession areas which existed in the site of origin be added to the site into which the data is being merged. **If this is not done, users will not be able to access that data** through the search or print options. See (#4) below for details.

(1) IF both sites process and report their own surgical path work, but only the Seattle site does bone marrow procedures

Comments:

Primary site = 663 (Seattle); American Lake Division = 663A

The cume path summary and health summary show all of the accession areas, still split by subscript.

Access to enter/edit data is controlled by the assignment of divisions in the NEW PERSON file (#200).

AREA field (#.01): SEATTLE SURG PATH

LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY

ABBREVIATION field (#.09): SSP

ASSOCIATED DIVISION field (#.091), subfield(#.01): Seattle (663)

LAB DIVISION field (#.19): Anatomic Pathology

AREA field (#.01): AMER. LAKE SURG PATH

LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY

ABBREVIATION field (#.09): ASP

ASSOCIATED DIVISION field (#.091), subfield (#.01): American Lake (663A)

LAB DIVISION field (#.19): Anatomic Pathology

AREA field (#.01): SEATTLE BONE MARROW

LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY

ABBREVIATION field (#.09): SBM

ASSOCIATED DIVISION field (#.091), subfield (#.01): Seattle (663)

LAB DIVISION field (#.19): Anatomic Pathology

(2) IF cytology specimens are obtained at both sites, but are processed/reported at one site

Comments:

Accessioning can be done by each facility, but only a single number sequence will be utilized.

The division logging in the specimen will be captured and displayed on the log book. The header for the log book will be based on the division printing it, but the accession area is also included.

AREA field (#.01): CYTOLOGY
 LR SUBSCRIPT field (#.02): CYTOLOGY
 ABBREVIATION field (#.09): SCY
 ASSOCIATED DIVISION field (#.091, subfield (#.01): Seattle (663)
 ASSOCIATED DIVISION field (#.091, subfield (#.01): American Lake (663A)
 LAB DIVISION field (#.19): Anatomic Pathology

(3) IF surgical pathology specimens are obtained at both sites, but only accessioned, processed and reported at one site,

AREA field (#.01): CYTOLOGY
 LR SUBSCRIPT field (#.02): CYTOLOGY
 ABBREVIATION field (#.09): TCY
 ASSOCIATED DIVISION field (#.091), subfield (#.01): Temple
 LAB DIVISION field (#.19): Anatomic Pathology

NOTE: It will **not** be possible to tell which division submitted the specimen because the accession area is the same and the division logging in the specimen will be captured and displayed on the log book.

(4) IF data is being merged from more than one site, such as is planned for those sites who are consolidating, it is absolutely **critical** that each of the anatomic pathology accession areas which existed in the site of origin be added to the site into which the data is being merged.

Comments:

Access to the accession area is controlled by the entry in the ASSOCIATED DIVISION field (#.091). If the site which is usually doing the accessioning for the new specimens received after the consolidation is **NOT** included, this accession area will not be available as a choice. Users will only be able to access the 'OLD' data through the search or print options if they can designate that division upon sign-on.

AREA field (#.01): WACO CYTOLOGY
 LR SUBSCRIPT field (#.02): CYTOLOGY
 ABBREVIATION field (#.09): WCY
 ASSOCIATED DIVISION field (#.091, subfield (#.01): Waco
 LAB DIVISION field (#.19): Anatomic Pathology

2. For those sites which are multidivisional, a new option has been created, i.e. Change to new division [LRUCHGDIV]. This option allows the user to change from one associated division to another, as appropriate based on the entry(ies) for DIVISION field (#16) for that user in the NEW PERSON file (#200), without having to log out and sign back in. It appears in the Blood bank patient [LRBLP] menu; however, if the process flow and task assignments are such for anatomic pathology that users need to input or view data from more than one division, it may be appropriate to assign this option to that user's secondary menu or to one of the AP submenus.

.c.DATA MERGER Information for the Consolidation Sites

NOTE: Data merger routines will be available for both Blood Bank and Anatomic Pathology data in File 63; however, these will be issued as a s separate patch.

.c.LAB DATA file (#63)

Laboratory data on the legacy systems will be available for a long period of time and all Lab data that is normally available through a health summary component IS going to be viewable on the primary system; however, for Anatomic Pathology, this is not adequate. It is imperative that historic records be available for to the pathologist, particularly when trying to make a rapid diagnosis on a specimen submitted for frozen section.

For Anatomic Pathology, this includes the following fields:

- field 2 EM (subfile 63.02)
- field 8 SURGICAL PATHOLOGY (subfile 63.08)
- field 9 CYTOPATHOLOGY (subfile 63.09)
- field 11 AUTOPSY DATE/TIME
- field 12 DATE/TIME OF DEATH
- field 12.1 PHYSICIAN
- field 12.5 AGE AT DEATH
- field 13 DATE AUTOPSY REPORT COMPLETED
- field 13.01 AUTOPSY TYPIST
- field 13.1 DATE FINAL AUTOPSY DIAGNOSES
- field 13.5 RESIDENT PATHOLOGIST
- field 13.6 SENIOR PATHOLOGIST
- field 13.7 AUTOPSY TYPE
- field 13.8 AUTOPSY ASSISTANT
- field 14 AUTOPSY ACC #
- field 14.1 LOCATION
- field 14.5 SERVICE
- field 14.6 TREATING SPECIALTY AT DEATH
- field 14.7 AUTOPSY RELEASE DATE/TIME
- field 14.8 AUTOPSY RELEASED BY
- field 14.9 PROVISIONAL ANAT DX DATE
- field 16, BODY HEIGHT (in)

field 17 BODY WT (lb)
field 18 LUNG,RT (gm)
field 19 LUNG,LT (gm)
field 20 LIVER (gm)
field 21 SPLEEN (gm)
field 22 KIDNEY,RT (gm)
field 23,KIDNEY,LT (gm)
field 24 HEART (gm)
field 25 BRAIN (gm)
field 25.1 PITUITARY GLAND (gm)
field 25.2 THYROID GLAND (gm)
field 25.3 PARATHYROID, LEFT UPPER (gm)
field 25.4 PARATHYROID, LEFT LOWER (gm)
field 25.5 PARATHYROID, RIGHT UPPER (gm)
field 25.6 PARATHYROID, RIGHT LOWER (gm)
field 25.7 ADRENAL, LEFT (gm)
field 25.8, ADRENAL, RIGHT (gm)
field 25.9 PANCREAS (gm)
field 25.91 TESTIS, LEFT (gm)
field 25.92 TESTIS, RIGHT (gm)
field 25.93 OVARY, LEFT (gm)
field 25.94 OVARY, RIGHT (gm)
field 26 TRICUSPID VALVE (cm)
field 27 PULMONIC VALVE (cm)
field 28 MITRAL VALVE (cm)
field 29 AORTIC VALVE (cm)
field 30 RIGHT VENTRICLE (cm)
field 31 LEFT VENTRICLE (cm)
field 31.1, PLEURAL CAVITY, LEFT (ml)
field 31.2 PLEURAL CAVITY, RIGHT (ml)
field 31.3 PERICARDIAL CAVITY (ml)
field 31.4 PERITONEAL CAVITY (ml)
field 32 AUTOPSY ORGAN/TISSUE
field 32.1 AUTOPSY COMMENTS
field 32.2 CLINICAL DIAGNOSES
field 32.3 PATHOLOGICAL DIAGNOSES
field 32.4, AUTOPSY SUPPLEMENTARY REPORT
field 33 AUTOPSY SPECIMEN
field 80 AUTOPSY ICD9CM CODE
field 83.1 MAJOR DIAGNOSTIC DISAGREEMENT
field 83.2 CLINICAL DIAGNOSIS CLARIFIED
field 99 AUTOPSY QA CODE

Post DATA MERGER Instruction for the Consolidation Sites

The ability to merge Anatomic Pathology data from sites which are consolidating so that critical data stored before the consolidation will still be accessible through the usual options will be released in a separate patch. The LRAPFIX2 conversion routine will be included in this separate patch and will redo the appropriate cross references ("ASPA", "ACYA", "AEMA", and "AAUA") for LAB DATA file (#63) for the SP, CY, EM, and AU subscript accessions.